



Kansas Department of Health and Environment

Adult Care Home Program

FACT SHEET

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PLEASE ROUTE THIS *Fact Sheet* TO NURSING STAFF AND OTHER INTERESTED PARTIES IN YOUR FACILITY. THIS PUBLICATION MAY BE COPIED OR ACCESSED THROUGH THE INTERNET ADDRESS ABOVE.

The Adult Care Home Program *Fact Sheet* is a newsletter published by the Kansas Department of Health and Environment and sent quarterly to all nursing facilities, long term care units in hospitals, critical access hospitals, intermediate care facilities for the mentally retarded and nursing facilities for mental health. This newsletter provides important up-to-date information concerning the nursing facility industry.

RAI Update

The Health Care Financing Administration has revised the record acceptance and editing procedures in the MDS Standard State Systems. These changes will be effective April 26, 1999. Information on the changes have been posted on the HCFA MDS web site. This information can also be accessed by clicking on bulletins on the MDS Welcome screen managed by Myers and Stauffer, L.C.

Preparing for Y2K

Enclosed with this issue of the *Fact Sheet* is publication from the Health Care Financing Administration concerning preparing computer systems for the year 2000. Included in the publication is a suggested Y2K readiness check list.

Change in Resident Capacity

The Kansas Department of Health and Environment has developed proposed regulations which will change the limitation on change of resident capacity. Currently KAR 28-39-145 (g) allows facilities to change resident occupancy every 180 days. The proposed regulation will allow facilities to change resident capacity no often than once a month. The Secretary has issued a policy making the change effective immediately.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

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Improper Use of Side Rails

Side rails can be dangerous if used inappropriately. There have been a number of deaths related to improper use of side rails in Kansas nursing facilities. Facilities must evaluate the use of side rails for each resident. It has been reported that deaths related to the side rails fall into three categories. The resident became entrapped between the mattress and the rail so that the resident's face was pressed against the mattress. The resident's head was positioned between the rails of the side rail and the neck was compressed within the rails. The third reason was the resident became trapped by the rails after sliding partially off the bed and with the neck flexed or the chest compressed.

It is essential that facilities assess each resident to ensure that the use of side rails is appropriate. The resident's with highest risk for entrapment in side rails are frail, thin women who are restless when in bed. Facilities must ensure that the mattress fits the bed and is tight against the inside section of the side rail. The distance between the rails must be small enough that a resident cannot push their head between the rails. Side rails are considered a physical restraint when used to keep a resident in bed who wants to get out of bed. It is essential that the resident be assessed appropriately and the interventions used protect the health and safety of the resident.

Health Care Decision Making

Recently the bureau received a number of inquiries related to advance directives in adult care homes. The following was developed to provide guidance to adult care homes with issues related to resident consent for treatment.

- Competent adults have the right to decide what treatment they will accept or reject.
- Competency of an adult to make health care decisions is presumed unless there is clear evidence that the adult is unable to understand information and/or communicate decisions.
- Advanced age, physical disability and mental illness should **never** be automatically equated with the competency to make treatment decisions.
- Court determinations in limited areas such as civil commitment for mental or drug/alcohol treatment do not mean that an adult is incompetent to make treatment decisions.
- Kansas statutes and individual letters of guardianship limit the authority of guardians to make some treatment decisions. It is important to know these limitations. Guardians must seek authority from the court to admit an adult ward to an adult care home. Therefore nursing facilities, assisted living/residential health care facilities, home plus and boarding care homes must obtain a copy of the court approval for placement in an adult care home before admitting a resident who has a guardian. Guardians do not generally have the authority to consent to the withholding of lifesaving medical procedures such as do not resuscitate orders. A copy of the letter of guardianship must be maintained in the resident/patient's clinical or administrative record.
- Advance medical directives are different for each individual. It is essential that the administrator/operator review the documents to determine what authority the resident/patient's agent can exercise. If there are any questions or concerns, the documents should be reviewed by facility's legal counsel. An agent named in a durable power of attorney for health care can act only when it has been determined that an individual is no longer capable of making decisions related to their health care due to disability or incapacity.
- Kansas administrative regulations for adult care homes require that facilities determine at the time of admission whether an individual has executed an advance directive. It is required that at admission, information be provided to the resident or their legal representative concerning the Kansas statutes related

to advanced medical directives. The facility must also inform the resident or their legal representative of the right to be involved in treatment decisions and the right to refuse treatment. This requirement should assure that treatment preferences recorded in advance directives are followed for both competent and incompetent residents.

- Kansas does not have a specific statute related to surrogate decision makers. Therefore, the legal authority of family members to consent to admission to an adult care home or to treatment in non-emergency situations cannot be stated with certainty unless they are the resident's legal representative. A spouse or adult child does not have clear authority under Kansas law to make treatment decisions. Therefore, any dispute among family members or the need for intrusive procedures in non-emergency situations may require the appointment of a guardian or other legal action. Issues concerning family consent should be carefully reviewed on a case by case basis. The facility may need to seek advice from their legal counsel.
- Do Not Resuscitate orders must be entered in the resident's clinical record by the attending physician. The record should include medical justification for the order. Do Not Resuscitate Orders may be faxed to the facility or be included in a transfer document which has been signed by the physician. Ideally, the clinical record should include a statement of consent by the resident or resident's surrogate decision maker, or at least a progress note indicating that entry of the order has been communicated to the resident/surrogate decision maker.
- The facility must develop and maintain policies and procedures regarding an individual's right to make decisions concerning their care, including the right to accept or refuse medical treatment and the right to formulate advance medical directives. The policy must conform with Kansas statutes.

The Kansas statutes and regulations related to the issue of advance directives are:

- Natural Death Act - KSA 65-28,101 et al.
- Durable Power of Attorney for Health Care Decisions - KSA 58-625 et al.
- Guardians and Conservators - KSA 59-3001 et al.
- KAR 28-39-148 (j)

Pain Control

The control of pain is a quality of life issue for residents. The following is a list of resources facilities can obtain which will assist staff in providing appropriate care to residents who experience acute and chronic pain. The lack of adequate treatment of pain is not an infrequent finding during surveys and can lead to a level G deficiency.

The American Geriatrics Society has developed a clinical practice guideline for the management of chronic pain on older adults. The guidelines was published in the association's journal. The citation for this article is as follows:

- AGS Panel on Chronic Pain in Older Persons. "The Management of Chronic Pain in Older Persons. **Journal of the American Geriatrics Society**. 46:635-651, 1998.

The American Pain Society recently revised their document related to pain treatment. This document would be an excellent resource for staff, medical directors, and staff physicians.

- American Pain Society. **Principle of Analgesic Use in the Treatment of Acute Pain and Cancer Pain**, Fourth Edition. This document can be ordered from the American Pain Society, 4700 W. Lake Avenue, Glenview, IL

60025-1485. The cost of 1-9 copies is \$7.00. There are discount rates for bulk orders. The society can be reached at 847-375-4715, FAX 847-375-6315 or E-mail: info@ampainsoc.org. Web site: <http://www.ampainsoc.org/>

The City of Hope National Medical Center provides information related to pain at the Mayday Pain Resource Center. On their web site there is a listing of resources which can be downloaded. Their e-mail address is <http://mayday.coh.org>. The mailing address is as follows:

City of Hope National Medical Center
Nursing Research & Education/Mayday Pain Resource Center
1500 East Duarte Road
Duarte, CA 91010

Health Occupations Credentialing

Medication Aide Update

In the October 1998 edition of the "Information Update" published by the Health Occupations Credentialing Program a change in the process for submitting Medication Aide update rosters was announced. The change was to be effective January 1, 1999. There has been a delay in implementation due to computer programming issues. Written notification will be provided to all medication aide instructors when this change is made.

Preceptor Guidelines

The Health Occupations Credentialing Program has developed a guideline for preceptors for persons preparing to be adult care home administrators. The guidelines were developed in collaboration with administrators, preceptors and students. The guideline has been approved by the Board of Adult Care Home Administrators in their December, 1998 meeting. A copy of the guideline may be obtained by calling the HOC office at 785-296-0056.

Continuing Education Long-Term Sponsorship

Applications for approval of long-term sponsors of continuing education programs offered for dietitians, speech-language pathologists, audiologists and adult care home administrators may be made to the Health Occupations Credentialing Section. This program is designed to save time and paperwork involved for those organizations who sponsor a number of programs for each licensed professional discipline each year. Amendments to licensing laws and procedures were necessary to develop this as an option for providers of continuing education programs. HOC will approve long-term sponsorship based upon a thorough analysis of the applicant group to determine the applicant's capacity to consistently offer quality continuing education programs on an ongoing basis in accordance with applicable rules and regulations. There is a non refundable application fee of \$150.00 for each discipline for which approval is requested. An annual report must be provided to HOC at the conclusion of each calendar year. For more information or to obtain applicant materials, contact HOC education and training representative, Dolores Staab at (785) 296-6796.

Nurse Aide Trainee II (NAT II)

Individuals who are seeking employment while in a nurse aide training and competency evaluation program are allowed **one four-month** "trainee II" period. The four-month period begins with the start-date of the course. If the individual retakes the course, or, does not successfully complete the required state test before the conclusion of the four-month trainee II period, he or she is not allowed to continue employment. [Reference: 42 Code of Federal Regulations 483.75 (e)(2) and Kansas Administrative Rules and Regulations 28-39-165(c)(2)]

Skills Competency Checklist for Employment Verification

This checklist is used for Kansas certified nurse aides who have not been employed or who have not been verified to the Kansas Nurse Aide Registry (KNAR) for employment in twenty-four consecutive months. These CNAs are not eligible for employment under federal and state regulations until this information is confirmed on the KNAR. HOC receives more than 20,000 names once a year from employers. These verification "lists" required data entry staff to enter new employment dates on each individual's record. If an employer calls the KNAR and the CNA's record shows a lapse of 24 months, then the CNA may submit a notarized statement from an employer validating employment during that period of time, or, the potential employer may ask the CNA to undergo a performance review to determine competency on the required skills.

HOC has had reports that employers are requiring 40-hours of 'free' service from the CNA in return for completion of the skills checklist. This is *inappropriate* and could constitute violation in employment law as well as facility regulation. The skills competency checklist does require that the individual perform the skills noted on it and that those skills be noted as adequate by a licensed registered nurse. ***It does not require 40-hours*** in order to be completed. Most individuals can perform the duties described on the checklist for observation in a matter of a few hours (items 1-4 are primarily discussion, items 5-22 are basic nursing care demonstrations). Once the RN has observed all the skills successfully demonstrated, the form is signed, notarized and mailed directly to HOC.

Instructors of NATCEP

Rosters must be sent to HOC before the end of the first week of the course, then the students have a better chance of being scheduled to take the state test at the location and date of choice. Scheduling of tests is "first in, first scheduled." There are limits to the seating at each location. It causes many students/candidates distress when errors and delays are made on rosters. Many depend on getting their test and certificate for their family's support. When rosters are delayed, students are at risk for losing their employment if they are not able to take the test and get certified within four months (see the item on NAT II above).

Out of State CNAs

A nurse aide from another state must be scheduled to take the Kansas certification test ***before*** he or she is eligible to be employed as a nurse aide trainee II. Please advise any prospective out-of-state certified nurse aides to contact HOC for the appropriate forms. The fee is \$10, and a letter is sent directly to the applicant advising him or her of the test date, time and location. This letter should be made available for the prospective employer to copy and retain in the applicant's employment record to assure regulatory compliance. Employers are not in compliance with regulations if this document is not available. ***Performing a skills competency checklist does not meet the requirement.***

Medication Aide Update Courses

The process for accepting fees with the medication aide update course roster has been delayed. Please do not send in payment for medication aide recertification with the course approval or course roster. Notice will be made available when the process is in place. We apologize for any inconvenience.

DIABETIC MEAL PLANNING SYSTEMS

A task force of The American Diabetes Association published a position paper in the January 1997 issue of the *Journal of The American Dietetic Association*. The paper emphasized two recommendations:

- the revised position on carbohydrate and sucrose
- the individualization of therapy and education

The recommendations consider that sucrose is like other carbohydrates. In other words, a carbohydrate is a carbohydrate. In both type 1 and type 2 diabetes, research shows sucrose raises blood glucose similarly to other

carbohydrates. Of course, healthy meals include only moderate amounts of sugar. No single meal-planning system meets the needs of all facilities. However the task force recommended a “No concentrated sweets diet” is not useful in a hospital or long term care setting. This meal plan gives the faulty impression that all that is important is the avoidance of sucrose. A “Consistent carbohydrate” meal plan is a new meal planning system that makes controlling blood glucose easier. When the same amount of carbohydrate is consistently spaced throughout the day, controlling blood glucose is easier. Before implementing a consistent carbohydrate meal planning system, education and training for all staff and residents is very important. The concept, that for persons with diabetes the total amount of carbohydrate eaten is more important than the type of carbohydrate eaten, is new and confusing to many.

Another recommendation that is confusing to many is how important it is to individualize the amounts of carbohydrate, fat, and protein for each resident. The current Diabetes Nutrition Recommendations allow the dietetics professional to individualize the diet based on individual needs for blood glucose, and blood lipid control. An ADA diet now stands for “A Dietitian’s Assessment.”

Goals for Medical Nutrition Therapy with older adults:

- keeping the resident’s blood glucose within the target range+
before eating 80-120mg/dl
bedtime 100-140 mg/dl
HbA 1c less than 7%
- using nutrient dense foods
- increasing flexibility and choice for a healthy enjoyable life

About 15 percent of hospital patients and 18 percent of long term care residents have diabetes. Older adults are less able to handle hyperglycemia. Hyperglycemia results in increased urinary tract infections; vision problems that may increase the risk for falling and decreased mobility; increased need for pain medication because of decreased pain tolerance; weight loss; etc. Hyperglycemic hyperosmolar nonketotic syndrome is an extremely serious condition in dehydrated older adults.

References

American Diabetes Association: Nutrition recommendations and principles for people with diabetes mellitus(Position Statement) Diabetes Care 21 (Suppl.1):S56-S59,1998

American Diabetes Association: Standards of medical care for patients with diabetes mellitus Diabetes Care 21(Suppl.1):S23-S31,1998

ANE ISSUE STATISTICS 12/1/98 to 2/28/99
Complaint Calls Assigned for Investigation

ANE Investigations

Total 446

Dec 148

Jan 160

Care Issues Investigated

Total 308

Dec 76

Jan 100

*Licensure Category	Civil Penalties				Correction Orders			
	1998 Quarters							
	1 st	2 nd	3 rd	4 th	1 st	2 nd	3 rd	4 th
Inadequate or inappropriate hygiene and skin care	8	3	4	5	38	36	50	48
Inadequate or unqualified staffing	10	16	14	9	35	36	33	1
Inoperable or inaccessible call system	-	-	-	-	-	5	2	1
Inappropriate or unauthorized use of restraints	-	1	1	-	6	8	7	11
Unsafe medication administration or storage	1	-	-	-	10	6	12	2
Inadequate nursing services other skin care	8	6	10	12	54	58	62	51
Inadequate or inappropriate asepsis technique	-	-	-	-	6	3	2	0
Inadequate or inappropriate dietary/nutritional services	-	-	-	1	3	6	9	18
Unsafe storage or hazardous or toxic substances	-	-	-	-	1	1	1	0
Failure to maintain equipment	2	-	-	1	7	4	9	6
Resident right violations	6	1	-	1	25	33	32	23
Unsafe high water temperature	-	-	-	-	-	3	2	0
Inadequate hot water	1	-	-	-	-	1	2	2
General sanitation and safety	2	-	1	-	14	17	9	11
Other (including inappropriate admission)	6	1	1	-	18	7	15	4
Inadequate rehabilitation services	-	-	-	2	-	-	6	12
Civil Penalties	30	27	28	16				
Correction Orders					110	98	109	90
Bans on Admission					2	6	7	5
Denials					0	3	1	0

*A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.